

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90419 039 ****70.00

DOCUMENT # 734869

1. Entity Name

GULF ISLANDS CIVIC THEATRE, INC. ✓

Principal Place of Business

Mailing Address

5620 S. HAPPY DRIVE
 C/O GLADYS DIPASCA
 HOMOSASSA FL 34446

5620 S. HAPPY DRIVE
 C/O GLADYS DIPASCA
 HOMOSASSA FL 34446

2. Principal Place of Business

3. Mailing Address

772 N. Enterprise Pt.
 Suite, Apt. #, etc.

P.O. Box 241
 Suite, Apt. #, etc.

City & State
Lecanto, Florida

City & State
Crystal River, Florida

Zip
34461

Country
Citrus

Zip
34423

Country
Citrus

4. FEI Number

59-1727496

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANKEN LAWRENCE
9556 W CRANBERRY ST
CRYSTAL RIVER FL 34428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **PHILLIPS, CAROL**
 STREET ADDRESS **3231 S ARUNDEL TERRACE**
 CITY-ST-ZIP **HOMOSASSA FL**

TITLE **D** Change Addition
 NAME **REYNOLDS-FUNFIG, JOYCE**
 STREET ADDRESS **4 PLAZA ST**
 CITY-ST-ZIP **BEVERLY HILLS, FL.**

TITLE **D** Delete
 NAME **WILLIAMS, GARY**
 STREET ADDRESS **5730 W. PINE CIRCLE**
 CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **AUGUSTINE, JERI**
 STREET ADDRESS **1209 PARADISE AVENUE**
 CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **DI PASCA, GLADYS V.**
 STREET ADDRESS **5620 S. HAPPY DRIVE**
 CITY-ST-ZIP **HOMOSASSA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **BLANKEN, LAWRENCE**
 STREET ADDRESS **9556 W CRANBERRY ST**
 CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LA GUIDICE, JAMES**
 STREET ADDRESS **7534 W HUNTERHILL ST**
 CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeri Augustine Secretary Jeri Augustine 4/28/02 352 305 2075